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Executive Summary

Local context
In April 2015, Shropshire CCG took on full delegated authority from NHS England for certain specified primary care commissioning functions, in accordance with NHS England’s statutory powers under section 13Z of the National Health Service Act 2006 (as amended)\(^1\).

An initial Primary Care Strategy was published in January 2016 which set out 8 key strategic aims for the CCG. It was subsequently highlighted that a primary care needs assessment needed to be completed to ensure that the identified strategic aims were the correct areas to be delivered and to set out how the CCG will ensure the provision of sustainable and high quality general practice across the county. The publication of NHS England’s GP Forward View and the Sustainability and Transformation Plan (STP) for Shropshire, Telford and Wrekin in 2016 added to the need to assess the current position and future needs of primary care in Shropshire CCG. The primary care needs assessment is written with reference to, and in alignment with, these programmes of work. Other relevant local and national plans and priorities have also been referenced and used to inform this Needs Assessment. Details can be found in sections 1 and 2 of this report; of specific note is the effect the CCG’s rural nature has on the provision of Primary Care Services.

The CCG has invested in a Primary Care Directorate to support the future commissioning and development of Primary Care Services and has a Governance Structure for decision making.

Summary of current provision of primary care services
Shropshire CCG has 43 GP practices that are spread across three localities – North, South and Shrewsbury & Atcham. Alongside GPs coming together, or working together, as providers, the CCG has, with locality input, developed clusters of practices around which the CCG can commission non GP community services. These are outside the scope of the PCNA and are (will be) addressed within the CCG commissioning intentions.

The average practice list size is currently 7134, with individual practice populations ranging from 2,033 to 17,457 patients. Due to the rural nature of the county, 18 practices dispense medicines to their patients. Most practices operate a GMS contract, with one practice operating a PMS contract and two operating an APMS contract. There is one walk in centre (Primary Care urgent care centre), open 8am-8pm 7 days a week, located alongside the Emergency Department at the Royal Shrewsury Hospital. The walk-in centre contract is part of a wider APMS contract which also has a registered list provided from a separate site, Whitehall Medical Practice in Shrewsbury. Out of Hours GP services are provided by Shropshire Doctors Cooperative Ltd. (Shropdoc).

A range of enhanced services are provided by GP practices. Some of these are nationally mandated and called Directed Enhanced Services and others, originally named local enhanced services, are commissioned locally and are now named locally commissioned services. Although all practices are signed up to deliver a range of enhanced services, the level of uptake is variable. The locally commissioned services are currently under review, and this review will seek to understand where there is variable uptake of enhanced Services and ensure equity of future provision.

The standard of general practice across Shropshire is seen to be high, with high Quality and Outcomes Framework (QOF) achievement, good Care Quality Commission (CQC) ratings, and high patient satisfaction scores. Details of these areas can be found in section 4 of this Needs Assessment.

There is a big focus on improved access to primary care within the GP Forward View. Additional funding is being invested via the GP Access Fund to ensure 100% of the patient population has access to pre-bookable and same day appointments to general practice services 8am – 8pm Monday to Friday. The national timescale for implementation of appropriate weekend provision is by April 2019. Patient satisfaction with access to their GP practice is good overall, however there are individual practices who achieve much lower satisfaction scores than the CCG average. All practices have enabled the Patient Online system to provide online access to patients for booking appointments, ordering repeat prescriptions and access to coded information in their medical record. The percentage of patients enabled to use these services are variable across our practices and there is a need to further promote this programme with practices and patients. Details around access can be found in section 3.1 of this report.

In an audit of GP practice premises undertaken in November 2015, most practices were interested in securing funding for premises developments and identified that they had issues with lack of space for current services and / or lack of space to expand their services. Projected population increases and many new housing developments being built and planned across the county have been identified as putting pressure on existing capacity. Premises developments need to consider future population growth and support new models of care and at scale working. This could mean basing some services around a ‘hub’ model, with one practice providing services for a wider local population, or a practice working closer with a wider multidisciplinary team. Accessibility and capacity for any new care model would therefore need to be considered in plans for premises developments. Further details around practice premises can be found in section 3.2 of this report.

There is scope for improved use of innovative technology across the health system. Some initiatives are currently being promoted and funded through the GP Forward View and Estates and Technology Transformation Fund (ETTF) such as the introduction of Wi-Fi in practices and better connectivity across phone and IT systems. This is an area which needs more thoughtful planning and development this year. Details can be found in section 3.3 of this report.

The resilience and sustainability of the overall primary care workforce and individual members of staff is under huge strain, with increasing demand and lack of recurrent resources. General Practice in Shropshire is facing the same issues as the rest of the country with pressures on GP and Practice Nurse recruitment and retention. Whilst the CCG has started to audit our Primary Care Workforce, further detailed analysis of the GP and wider primary care workforce is needed to identify need and address recruitment and retention issues. The CCG is working with NHS England and other CCGs to develop a plan across Shropshire and Staffordshire to take this work forward. Workforce also needs to be considered alongside the other workstreams of the GP Forward View (extended access, collaborative working, new models of care) and plans need to develop in parallel with the STP work that is looking at the workforce of the wider health and social care economy. Further information on plans is provided in section 3.4 of this report.

To help inform the development of this needs assessment, an engagement exercise was carried out with patient groups and GP practices (see section 5). The results of the patient questionnaire showed willingness amongst those surveyed to see a health professional other than a GP (for example seeing an Advanced Nurse Practitioner or discussing requirements with a Pharmacist where appropriate), however a low percentage of respondents said they would be willing to travel to another GP practice to access services. Both the patient and GP practice survey results showed support for the need to develop enhanced technology to facilitate more ways of accessing primary care services and advice, for example email and Skype.
It is vital that robust systems are in place, and available funding utilised, to support our current services and to ensure we develop services that are sustainable in the future. We also need to engage more with our patients about these areas of work, and involve them in the planning of primary care services.

Key messages and recommendations

The CCG should plan to commission high quality primary care at scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and estate. This should be achieved through successful implementation of the programmes and initiatives within the GP Forward View workstreams, and in alignment with the plans set out in Shropshire, Telford and Wrekin’s Sustainability and Transformation Plan (STP). After consideration of the content of this document, the recommendations are to:

- Develop locality profiles to inform the commissioning requirements for the local populations. These profiles need to clearly set out the health needs for local populations, highlighting any variation across each patch. This will help identify whether the primary care services currently being provided are being delivered in the most appropriate way to meet local need and whether they are addressing identified clinical priorities; this will also help to inform locality, cluster and ‘at scale’ working, in line with new models of care; and will inform future primary care commissioning decisions.

- Promote patient activation and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own conditions safely. This should involve increased access to information online and improving links across the local health and social care system, including the local authority work around resilient communities and healthy lives.

- Support and develop more integrated working, which will support the development of new models of care and provide opportunity for shared workforce and resources. This will subsequently support the aim of reducing workload on practices through improved understanding and navigation of the wider system, and improved patient outcomes and satisfaction.

- Continue to support Practices to develop their Patient Participation Groups to build on this Needs Assessment, and continue to undertake wider patient surveys to determine experiences and needs. This will enable a shared understanding of their local practice population needs and build relationships to ensure the sustainability of Primary Care for the future.

- Support delivery of the GP Forward View around a new model for Primary Care 8am – 8pm 7 days a week. Develop a formal plan to deliver this model, ensuring that equitable access is available and visible for both routine and urgent care in GP Practices.

- Support delivery of the GP Forward View by commissioning high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access. Identify the services required for the future model of care and the supporting technologies required. Supervision, peer review and audit processes to be clear to enable reduction of unwarranted variances.

- Ensure there is planning and resource available to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions.

- Develop long term infrastructure plans including workforce, technology and estate.
• Promote and develop a culture of continuous improvement and shared learning. To introduce a formal mechanism for the sharing of CQC rated ‘outstanding’ practice.

• Minimise unnecessary administrative pressures on practices.

• Ensure a robust reporting framework to the Primary Care Commissioning Committee on delivery of this Needs Assessment.

• Develop a communications strategy for Primary Care.
Section 1

Vision and background

Future vision of primary care in Shropshire

The CCG acknowledges that general practice is the cornerstone of the NHS and as such requires support to make practices sustainable and resilient for the future. The CCG will oversee increased levels of investment in general practice, in line with additional funding being made available by NHS England and as set out in the GP Forward View. The CCG will also aim to ensure that further investment is made to support the continuation of high quality and sustainable primary care services through an expanded workforce, new models of care and improved infrastructure.

The CCG has invested in a dedicated Primary Care Directorate to support the commissioning and development of Primary Care Services. Shropshire CCG has 43 GP practices, spread across three localities – North, South and Shrewsbury & Atcham. Each locality is primarily supported by a locality chair (GP), a locality commissioning manager and a locality pharmacist. Whilst the three identified localities are for wider CCG commissioning purposes, practices may choose to use a similar geography to deliver primary care at scale and thereby strengthen their resilience by working closer with other key partners.

The CCG will work with the three localities to fully understand the clinical needs and future infrastructure requirements for their individual populations and commission new models of care that meet these needs - working at scale and supported by integrated multidisciplinary teams.

GP Practices will be supported to form collaborations and alliances to deliver primary care at scale, explore new workforce models and ways of working that align with the neighbourhood model set out in the local Sustainability and Transformation Plan (STP).

Background

It was announced in April 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning. CCGs were asked to submit expressions of interest to NHS England, setting out their preference for how they would like to exercise this expanded primary medical care commissioning function from a choice of three models:

1. **Greater involvement** – an invitation to CCGs to work more closely with their local NHS England teams in decisions about primary care services
2. **Joint commissioning** – enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee
3. **Delegated commissioning** – an opportunity for CCGs to take on full responsibility for the commissioning of general practice services

Shropshire CCG subsequently applied for full delegated authority, in accordance with NHS England’s statutory powers under section 13Z of the National Health Service Act 2006 (as amended)\(^2\) and was approved for full delegated commissioning functions for the management and commissioning of most GP contracts with effect from 1 April 2015. This has meant the transfer of appropriate budgets from NHS England to the CCG, and the transfer of responsibility for decision making. NHS England provides dedicated support.

The total CCG budget for primary care (including commissioning) for 2017/18 is £105.1million. This includes areas such as prescribing, enhanced services, commissioning schemes and the out of hours service.

In terms of the Governance arrangements for the delegated arrangement and to address potential conflict of interest in decision making, a Primary Care Commissioning Committee (PCCC) was established as the corporate decision-making body for the management of the delegated functions and to exercise delegated powers. The PCCC enables members to make collective decisions on the review, planning and procurement of primary care services in the Shropshire CCG area. The functions of the Committee are undertaken in the context of a desire to promote commissioning of primary care services to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

To inform the work of this committee there is a Primary Care Working Group to facilitate effective working between CCG teams and other key stakeholders. Both the PCCC and the working group ensure robust oversight of the commissioning of Primary Care medical contracts and service provision. Formal terms of reference are agreed and in place for both the PCCC and the working group. These are reviewed annually to ensure compliance with any new guidance. PCCC meetings are held in public and are chaired by a lay member. Minutes of the PCCC are presented to the CCG Governing Body.

**Developing the primary care needs assessment**

A draft Primary Care Strategy was published in January 2016 and identified 8 key strategic aims: However, it was understood that the information to support these priorities was incomplete and therefore it was highlighted that a primary care needs assessment needed to be completed to further inform the detail of these strategic aims.

1. **The benefits of scale** – Practices should, wherever possible, be large enough to provide the full range of services.
2. **Workforce** – Develop opportunities for more collaboration between practices and different staffing models.
3. **Collaboration between practices in ‘GP Networks’** – Support practices to manage workload, sharing good practice, functions, support staff and services.
4. **Integrated care** – Primary and community health and care services should work in a more closely integrated way, supported by hospital specialists.
5. **Information Technology** – Enable different methods of communication and facilitate the development of new models of care and the provision of a more integrated service.
6. **Premises** – Ensure appropriate premises to deliver services.
7. **Supporting change** – To support organisational development, clinical leadership and the professional development of frontline staff.
8. **Commissioning** – Use the levers and flexibilities available to them to facilitate innovation, improvement and integrations.

**Process followed and timescales**

The process for carrying out this primary care needs assessment started in Autumn 2016. It was very important to the CCG that the views of patients and local GPs were sought as well as collating information from other sources to support the work. A patient questionnaire was developed and the CCG’s lead for engagement and involvement liaised with the Shropshire Patients’ Group who facilitated completion of the patient survey in December 2016. 452 responses were received. An online practice manager and GP survey
was developed and carried out in February 2017. 60 responses were received. The results of these questionnaires are included in section 5 of this document.

During a recent reorganisation of the CCG Structure, it was agreed that a new Primary Care Directorate should be established and team members were recruited from May 2017. This process is ongoing and all staff members are expected to be in place by September 2017. It is important that Primary Care works across all Directorates to ensure consistency.

One of the initial priorities for the team has been to identify the current ongoing issues in Primary Care and to finalise the primary care needs assessment, based on the information held, which is the most recent available at the time of writing. It should be noted that the information in this report reflects a point in time and the needs assessment should be reviewed every two years.

Readers should note that where Primary Care is referred to in this document, it refers to GP service provision rather than the traditional interpretation of Primary Care which also includes Dentists, Opticians and Community Pharmacy. There is a separate Pharmaceutical Needs Assessment process.

**Expected outcomes of the Needs Assessment**

The expected outcome of the Needs Assessment is to have a document which contains up to date relevant information, on which the CCG can base future decisions to further improve and support Primary Care in Shropshire.

The Primary Care Needs Assessment also cross references with other important documents, such as the CCG’s draft Strategic Estates Plan, Sustainability and Transformation Plan (STP), NHS England’s GP Forward View and the wider Five Year Forward View.
Section 2 - Context

2.1 Strategic Context - National and Local

The CCG recognises the importance of understanding national priorities and ensuring that these are translated to meet our local needs. As this document may be read in isolation to other national and local documents, this section concentrates on enabling an understanding of the current national and local documentation that have informed the Primary Care Needs Assessment.

National Context

The NHS Five Year Forward View\(^3\) was published by NHS England in October 2014 and set out why improvements were needed on the triple aim of better health, better care, and better value. Following the Five Year Forward View, specific national improvement blueprints were developed with key partners for urgent and emergency care, cancer, mental health, primary care, and maternity services. 2017 sees NHS England’s work focus shift decisively to supporting delivery and implementation of those key priorities.

The key national headlines in terms of context for this include:
- A growing population with more complex needs
- Increasing prevalence of long term conditions, which is often under-recorded
- Increasing demands on General Practice services
- Growing challenges in relation to patient experience of accessing services
- Accelerating growth in General Practice workforce
- Better distribution of workforce to address issues of inequity

The General Practice Forward View\(^4\) was published by NHS England in April 2016. The GP Forward View recognises the growing pressures on, and underinvestment in, general practice and nationally commits to an extra £2.4 billion a year to support general practice services by 2020/21. It aims to improve patient care, access, and to invest in new ways of providing primary care.

As part of the GP Forward View, NHS England is investing £500 million in a national sustainability and transformation package to support GP practices, which includes additional funds from local clinical commissioning groups (CCGs). It includes help for vulnerable practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme aimed at speeding up the transformation of services.

NHS England objectives

The objectives set out in the ‘Government’s mandate to NHS England for 2017-18\(^5\) are as follows:
- Through better commissioning, improve local and national health outcomes, and reduce health inequalities
- To help create the safest, highest quality health and care service
- To balance the NHS budget and improve efficiency and productivity
- To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.
- To maintain and improve performance against core standards
- To improve out-of-hospital care
- To support research, innovation and growth

\(^3\) [https://www.england.nhs.uk/five-year-forward-view/](https://www.england.nhs.uk/five-year-forward-view/)
\(^4\) [https://www.england.nhs.uk/gp/gpfv/](https://www.england.nhs.uk/gp/gpfv/)
Regional priorities (NHS England)

In addition to the NHS England objectives listed above, the regional NHS England team are currently finalising their priorities for GP practices for 2017/18. These are expected to be to:

- Improve access to high quality primary care services
- Improve health outcomes for patients and NHS workforce with clear focus on prevention
- Reduce unwarranted variation
- Maximise the use of technology to improve access and self-management with action plans for keeping people well
- Ensure Primary Care Estate is aligned to meet the needs of the future planned housing growth and to support new models of care

Local context

* Shropshire CCG covers a large geographical population of around 306,755
* There are 43 GP practices in total
* 40 practices hold a GMS (General Medical Services) contract, 1 practice holds a PMS (Personal Medical Services) contract, and 2 practices are operating an Alternative Provider Medical Services (APMS) contract
* 18 practices dispense medicines to their patients

Several papers and strategies have been produced by and in collaboration with the CCG, identifying the main areas for concentration over the next few years:

- **Shropshire Health and Wellbeing Strategy 2016-2021** - The priorities set out in the Health and Wellbeing Strategy are prevention and sustainability - health promotion and resilience; promoting independence at home; promoting easy to access and joined up care.

- **NHS Future Fit** – NHS Future Fit is the programme across Shropshire, Telford and Wrekin where local patients, doctors, nurses and other health professionals are all working together to improve care at local hospitals. The programme recognises that the success of the reorganisation of acute hospital services has interdependencies with having a robust and supportive community model of care. Specifically, there is an expectation within the Future Fit planning assumptions that there will be a reduction in the demand on acute services by more patients having their care needs met and managed in community settings. This element of the NHS Future Fit programme of work is being progressed through the STP neighbourhood work stream. There is a need to align workforce planning in all areas of health and social care as the future skillset will look different to those historically developed.

- **Sustainability and Transformation Plan (STP)** – Local organisations such as the NHS and social services have been asked to work together to produce plans (STPs) for their areas for the next five years. Shropshire and Telford and Wrekin’s STP focuses on the need to address the wider determinants that result in poor health and wellbeing in our communities; to reduce unwarranted variations in care to ensure that everyone has the best outcome and experience of health and care possible; and to create a sustainable health and care system that helps our communities to thrive and prosper.

- **A local GP Forward View implementation plan** is in place for Shropshire, Telford and Wrekin. This sets out the aims and milestones to be achieved by the CCG, and is overseen by a Programme Management Office (PMO) working on behalf of NHS England. The work streams within the GP Forward View implementation plan inform the main sections of this needs assessment.

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6 GP registered population at 1st April 2017
8 [http://nhsfuturefit.org/](http://nhsfuturefit.org/)
9 [http://www.shropshireccg.nhs.uk/strategies](http://www.shropshireccg.nhs.uk/strategies)
• Joint Strategic Needs Assessment\(^\text{10}\) - The Joint Strategic Needs Assessment (JSNA) is a process by which the local authority, CCG, NHS, voluntary and community sector and other partners agree health and wellbeing needs based on clear evidence. The partners undertake joint intelligence and analysis to produce information which is then used to agree overarching priorities for action. The four key issues affecting the health of the population in Shropshire are: an ageing population; health inequalities; lifestyle risk factors to health; long-term conditions and non-communicable disease. Some of the detail from the JSNA has informed the ‘Population Need’ section of this document. A summary JSNA document was published in 2012 but more up to date information sits behind topic specific issues and is available from the Public Health Team at Shropshire Council.

• Shropshire CCG Strategic Estates Plan – In June 2015, the Department of Health published a Local Estates Strategic Framework and confirmed the need for strategic estates planning. An Interim Draft Strategic Estates Plan, focusing on general practice, was produced in January 2016 and is currently being updated.

• Mental Health Strategy - Nationally mental health services are undergoing significant transformational change, mandated under the Five Year Forward View for Mental Health. Locally, Shropshire CCG and Shropshire Council are working together to translate this national transformation into a local mental health strategy. Current work programmes identified for 2017/18 are: Urgent and Crisis care for people experiencing mental distress; a review of Improving Access to Psychological Therapies (IAPT), including GP Counsellors in primary care; ensuring people with Long Term Conditions, initially those with diabetes and respiratory conditions, have access to psychological therapies.

• Primary Care Strategy – A draft strategy was produced in January 2016, setting out the key strategic aims listed above. Moving forward, this needs assessment will directly inform an implementation plan.

Priorities and direction of travel
The various strategic documents and pieces of work listed above identify the priorities and direction of travel for primary care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation, especially for patients with complex needs
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Extended access to primary care services, outside of core hours
- Holistic equitable access to services (physical and mental health)
- Reducing unwarranted variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate

This primary care needs assessment is structured to cover the following areas that reflect those within the GP Forward View and STP - the current position, where we need to be and how we plan to get there:

- Access
- Infrastructure (premises and IT)
- Workforce
- Workload and resilience
- New models of care
- Quality

\(^{10}\) [https://www.shropshire.gov.uk/joint-strategic-needs-assessment/](https://www.shropshire.gov.uk/joint-strategic-needs-assessment/)
2.2 Population Need

Shropshire Health Profile

Public Health England published Shropshire’s latest Health Profile data in July 2017\(^\text{11}\). The profile shows that the health of people in Shropshire is generally better than the England average. Life expectancy for both men and women is higher than the England average. The JSNA provides more detail around Shropshire’s population and health needs.

- The GP registered population of Shropshire is about 306,755\(^\text{12}\) spread over an area of 1,235 square miles.
- Shropshire is the largest land locked county in England with a population of mainly white British ethnicity (approximately 98%) and a high proportion of people aged over 50 years old.
- Overall the health of the population in Shropshire is good. Both male and female life expectancy is significantly higher than national figures. Inequalities exist however.
- Life expectancy is 4.2 years lower for men and 3.3 years lower for women in the most deprived areas of Shropshire than in the least deprived areas.
- Areas of deprivation exist in pockets across the areas of the CCG with a high concentration in North Shrewsbury.
- Over 80% of the population is identified to be in ‘good’ health with 18% having a long-term health condition.

The JSNA identifies the key issues facing Shropshire as being:

- Ageing population
- Health inequalities
- Lifestyle risk factors to health
- Long term conditions and non-communicable disease
- Access to services, with the population spread over a large geographical area and most of the population living in rural areas

Shropshire demographic projections for 2031

Shropshire Council’s *Information, Insight and Intelligence* web pages\(^\text{13}\) include long term population projections, which show what Shropshire’s population will be if the recent trends continue. The projections can be used in many areas of demographic research, including life expectancy projections.

- The population of Shropshire is projected to increase by 16.9% in the 25-year period from 2006 to 2031 (from 289,300 in 2006 to 338,000 in 2031).
- Oswestry district is projected to experience the highest level of growth out of all the Shropshire districts, increasing by 33.9% from 39,700 in 2006 to 53,200 in 2031, with the North of Shropshire projected to experience the second highest level of growth at 23%.
- Both Bridgnorth and Shrewsbury & Atcham districts are projected to see the lowest levels of growth in population, of around 8.3%.
- The age structure in Shropshire is projected to be quite different in 2031 than it was in 2006. The age groups set to see the greatest change are age groups below 45, the greatest decline projected to be in the 30-44-year-old population group.
- Both age groups 65-84 years and 85 years and over will see projected increases in all the Shropshire districts.

\(^{11}\) [https://fingertips.phe.org.uk/profile/health-profiles](https://fingertips.phe.org.uk/profile/health-profiles)
\(^{12}\) GP registered population at 1\(^{\text{st}}\) April 2017
Rurality

Shropshire is classed as a ‘largely rural’ county, with 57% of the population living in rural areas\textsuperscript{14}. Figure 1 below shows the urban and rural classification of Shropshire and illustrates the spread of the population.

\begin{figure}[h]
\centering
\includegraphics[width=\columnwidth]{rural_urban_classification.png}
\caption{Urban and rural classification 2005, Shropshire County. Source: Rural and urban classification, ONS.}
\end{figure}

The rural nature of the county, and the sparseness of some of our population, brings with it several issues. For general practice, there is a risk of rural isolation for both patients and staff. The use of technology in rural areas is an important tool to address both access for patients (for example online booking of appointments and the potential of online consultations) and improved links between health professionals to strengthen resilience (for example improved communication and education through shared document management systems). Working more collaboratively and using opportunities to meet with colleagues, such as shared learning events and locality meetings encourages neighbouring practices to feel less isolated, learn from one another.

\textsuperscript{14} 2011 census data - https://new.shropshire.gov.uk/media/5320/shropshire-council-key-facts-and-figures-2016-17.pdf
another and share good practice. Lack of mobile phone coverage and broadband in some areas will have an impact on the IT solutions being developed across the county, for both patients and practices, and must be factored into implementation plans.

Populations in our more rural areas are older than those in the more urban areas and therefore have different health needs. When looking at clinical priorities, health need should be assessed at a very local level, such as the Shropshire Council place plan areas and STP neighbourhoods, and not just collectively across our three localities.

Transport is an issue in rural areas – not only for patients accessing services but also for clinicians when undertaking home visits and needing to navigate the minor roads. Transport issues and rural access must be considered when planning future models of care and looking at working at scale; different solutions will be needed for different areas, especially those of a more rural nature.

We should also act to further explore the funding for rural practices. Whilst the Carr-Hill formula for calculating the global sum (see section 2.3) does include an element for rural health, it is possible that pockets of deprivation in our more rural areas are missed through the way public health data is put together nationally. Further work is needed around potential funding issues around general funding and how additional services such as dispensing impact on both the CCG and rural practices.

Clinical priorities
From the documents referred to earlier in this paper, the following have been identified as clinical priorities for the CCG:

<table>
<thead>
<tr>
<th></th>
<th>NHS England</th>
<th>JSNA</th>
<th>STP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frailty</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>MSK</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Obesity</td>
<td>✔</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Long term conditions</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

Recommendation
Looking at the profile and health needs of our local population, it is vital that the planning of primary care services takes these areas into consideration at both a Shropshire wide level and in smaller population clusters. Data currently exists at individual practice level and at CCG level. Shropshire Council produces area profiles by ward and parish and has also produced 18 Place Plans\(^{15}\) across Shropshire, which identify the infrastructure and investment needs within each community. The Place Plans are aimed at ensuring that Shropshire Council and their partners understand the local priorities within each community and that resources can therefore be targeted appropriately.

The CCG’s primary care team, working closely with NHS England’s primary care team, local business intelligence and the local authority’s public health team, should work more closely with individual practices and localities moving forward to ensure local clinical priorities are being addressed. Data on local health needs should be collated into a profile for each locality and sub-cluster and analysed to identify where further work is needed to address any unwarranted variation. These profiles should clearly set out the health needs for local

\(^{15}\) [https://www.shropshire.gov.uk/place-plans/](https://www.shropshire.gov.uk/place-plans/)
populations, highlighting any variation across each patch, and should inform the commissioning requirements for the local population. This will help identify whether the primary care services currently being provided are being delivered in the most appropriate way to meet local need; will help to inform locality, cluster and ‘at scale’ working, in line with new models of care; and will help to inform future primary care commissioning decisions.

2.3 Primary Care service provision

When the CCG received delegated commissioning status in April 2015, there were 44 GP Practices in the CCG with an average list size of 6880 patients per practice. As at June 2017, there are 43 GP practices with an average list size of 7,134 patients per practice (nationally the average practice list size as at May 2017 was 7,82016). Individual practice populations range from 2,033 to 17,457 patients.

As outlined earlier in this document, the future of General Practice in England is in the political and policy spotlight. There is an encouragement to ensure the sustainability of Primary Care by ‘scaling up’ GP practices into larger organisations or networks capable of delivering a wider range of coordinated services in the community 8am – 8pm, 7 days a week. The Five Year Forward View also provides a clear indication that larger primary care organisations are the national direction of travel. The benefits for patients are highlighted to be facilitating improved access, ‘at scale’ working through clusters or localities which shows benefits through economies of scale, shared back office functions and enabling new ways of working. This in turn will improve practice resilience and sustainability and therefore secure patient services for the future.

Contracts in Primary Care

The General Medical Services (GMS) contract is the most commonly used contract for general practice and was introduced in 2003. As at June 2017, the CCG has 40 practices working to this contract. NHS Employers leads negotiations with the General Practitioners Committee (GPC) - which is part of the British Medical Association (BMA) - on changes to the GMS contract. The GMS contract covers three main areas:

- **The Global Sum** – covering the costs of running a general practice, including some essential GP services. The GMS global sum formula (the Carr-Hill formula) distributes the core funding to general practices for essential and some additional services. Payments are made according to the needs of a practice’s patients and the cost of providing primary care services. The formula considers issues such as age and deprivation. This formula is being debated nationally and is subject to change.

- **The Quality and Outcomes Framework (QOF)** – is a voluntary annual reward and incentive programme for all GP surgeries in England. It aims to resource and reward good practice. All practices in Shropshire currently participate in the QOF.

- **Enhanced Services (ES)** – covering additional services that practices can choose to provide. Enhanced services can be commissioned nationally (Directed Enhanced Services – DES) or locally (Local Enhanced Services – LES) to meet the healthcare needs of the population. These local enhanced services are now called locally commissioned services.

The Personal Medical Services (PMS) contract is a locally negotiated contract between the commissioner and GP practice and these agreements can offer local flexibility compared to the nationally negotiated GMS contract. The PMS contract offers the three main elements of the GMS contract as listed above. In 2016, the CCG had 9 GP practices working under these contracts, however following a PMS review led by NHS England, 8 of the PMS contract holders transferred back to GMS contracts to bring levels of funding in line across all practices. There is now only 1 practice in Shropshire CCG working to a PMS contract.

---

Alternative Provider Medical Services (APMS) is another contracting route available for CCGs to commission primary medical services. The APMS contract offers the three main items of the GMS contract. As at June 2017, the CCG has two Practices working to this contract; one is a temporary contract providing services to a registered patient list and one is a practice commissioned as a GP-led health centre and provides walk in GP services as well as services to a GP registered list. This service also supports the streaming of patients through to the Emergency Department at the local Hospital. The CCG is currently in the planning stages to provide the patients who are registered at the temporary GP Practice more permanent access to services.

**Types of services offered in primary care**
As set out above, there is a ‘global sum’ paid to practices that includes some essential GP services. In addition to this, practices are incentivised to sign up to the Quality and Outcomes Framework (QOF) and enhanced services that are commissioned both locally and nationally. Participation in these areas across Shropshire GP practices is outlined below.

### Enhanced Services

<table>
<thead>
<tr>
<th>Type of enhanced service</th>
<th>Enhanced service</th>
<th>Number of practices signed up to provide service (2016/17) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CCG currently commissions several Local Enhanced Services (LES):</td>
<td>Provision of Services to Manage Minor Injuries</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Diagnosis and Treatment of Deep Vein Thrombosis</td>
<td>41 (initial), 25 (full)</td>
</tr>
<tr>
<td></td>
<td>Anti-Coagulation Monitoring</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Phlebotomy Services</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>High Risk Drug Monitoring (formerly Near Patient Testing)</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Vasectomy</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Osteoarthritis</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Care Homes Advanced Scheme (CHAS)</td>
<td>26</td>
</tr>
<tr>
<td>From 1st April 2017, there are four Directed Enhanced Services (DES) which are commissioned directly by NHS England:</td>
<td>Extended Hours</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Learning Disabilities Health Check Scheme</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Minor Surgery</td>
<td>42 (remaining practice provides this as part of APMS contract)</td>
</tr>
<tr>
<td></td>
<td>Out of Area Registrations</td>
<td>18</td>
</tr>
<tr>
<td>The following Public Health Directed Enhanced Services (DES) are commissioned by NHS England:</td>
<td>Hep B (new born babies)</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>HPV completing dose</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>MMR aged 16 and over</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Meningococcal ACWY</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Meningococcal completing dose</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Pertussis in pregnant women</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Rotavirus (routine childhood)</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Shingles (routine aged 70)</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Shingles (catch up aged 78)</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Men B Vaccination</td>
<td>43</td>
</tr>
</tbody>
</table>
Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is an annual reward and incentive scheme for GP practices. There are 19 clinical areas within the clinical domain of QOF, plus an additional six within the public health domain.

The average overall QOF points achievement for Shropshire CCG for 2015/16 was 97.47% (compared to a national average of 95.33%). This information can be used to support changes required to improve the key clinical priorities identified earlier in this needs assessment.

Recommendations

Although provision of GP services, and the health of Shropshire’s population, is good overall, the CCG should seek to identify and address local variances.

The CCG has no control over the content of the GP contract or directed enhanced services (DES), which are set and offered nationally through NHS England. Locally commissioned services (local enhanced services) can however be locally designed and are a way to incentivise practices to offer additional services that are identified as a local need, or way to offer alternative service provision.

At the time of writing, the locally commissioned services offered by the CCG are currently under review to ensure that they are offered equitably and provide quality and value for money. A review is also underway of work undertaken in primary care that is not currently funded as part of the contracts. These reviews should be completed and measures put in place by April 2018.

The NHS health checks, commissioned by public health at Shropshire Council, are delivered through a contract with Shropdoc on behalf of all the GP practices. Although all practices are signed up to this, it has been highlighted that delivery is variable. It is recommended that the CCG works with public health in their efforts to improve uptake and delivery of NHS health checks going forward, which form an important part of the prevention programme.

*Practices were still in the process of signing up for 2017/18 at the time of writing, therefore 2016/17 data has been provided – the expectation would be for 2017/18 numbers to be similar.

**All 43 practices are signed up to the NHS Health Checks (commissioned by public health at the local authority), through one contract with Shropdoc.

As can be seen, the range of enhanced services provided by GP practices is variable. The locally commissioned services are currently under review, and this review will seek to understand where there is variable uptake of enhanced services and ensure equity of future provision.

### Table: Public Health Services that are commissioned by the Local Authority

<table>
<thead>
<tr>
<th>Service</th>
<th>Practices Signed Up</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood seasonal flu</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Seasonal flu</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Public Health Services that are commissioned by the Local Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual health (Nexplanon, IUCD, Chlamydia screening)</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Health Checks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared Care for the management of drug misuse</td>
<td>43**</td>
<td></td>
</tr>
<tr>
<td><strong>Quality and Outcomes Framework (QOF)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17 2016/17 QOF achievement data will be published in Autumn 2017
Section 3 – Current state and addressing the gaps

3.1 Access to primary care services

Primary Care is the first point of entry for most patients in diagnosing and treating health problems. GPs and other staff play a crucial role in treating minor medical conditions, managing patients’ long-term conditions in the community and referring them for hospital treatment or social care, as appropriate.

Good access to a GP is important to patients. Poor access can cause stress and frustration at a time when they may already be worried, and may prolong discomfort or pain. Prompt diagnosis and treatment are important in achieving the best health outcomes for those patients whose conditions will not get better on their own. Good access to general practice also reduces pressure on other parts of the NHS, particularly hospital Accident and Emergency departments which, in turn, helps the health system to make the best use of its resources. Practices need to be provided with adequate resources to meet the needs of the population and requirements of the local health system.

Ensuring good access to general practice is a priority for the CCG. The Government has committed to recruiting 5,000 extra doctors across the country to work in general practice, to enable an 8am to 8pm service, 7 days per week, by 2020. For the NHS England Midlands and East Region, the target number of new GPs is approximately 1,500, of which 450-500 would be for the West Midlands area (the figure for Shropshire is not yet known). The CCG needs to ensure that plans are in place to deliver this aspirational improved access target. The main aspects to ensure improved access to General Practice can be summarised into the following groups:

- **Distribution of GP practices** - The GP Practices in Shropshire are distributed across the geography of the county. The rural nature of the county means that access to health services is an issue and when looking at future potential for at scale working, there will need to be different models for different localities.

- **Availability of appointments** – For urgent care, the CCG has a GP Walk-in Centre which is open to all patients 8am – 8pm 7 days a week, 365 days a year and a GP out of hours service. Access to routine appointments is looked at later in this section.

- **Continuity of Care** – Patients need to build a connection with their healthcare professional to create a relationship of trust. It is not always possible for patients to see the same GP all the time, however the CCG needs to ensure the processes are in place for this trust relationship to remain in place, even if the patient’s “usual” GP is not available. This, as a minimum, is the sharing of patient records, as appropriate, and with the patient’s permission.

Current levels of GP access in Shropshire

Through the core contracts, GP practices are contracted to provide primary care services within the core hours of 8am – 6.30pm, Monday to Friday (excluding bank holidays). However, there are several other services in place for patients to access primary care services.

**NHS 111**

NHS 111 is available across the whole of England and is the free number to call when patients have an urgent healthcare need but it’s not a 999 emergency. The service was designed to direct patients to the right local service, first time, and is available 24 hours a day, 365 days a year.
When Patients call 111 they are assessed by fully trained advisers who are supported by experienced nurses and paramedics. Patients are asked questions to assess symptoms and get the healthcare advice needed or they are directed to the most appropriate local service. If the NHS 111 team think patients need an ambulance, they will send one immediately. 111 call handlers can transfer calls directly to the Shropdoc service.

Shropdoc
Outside of core hours (between the hours of 6.30pm and 8am during the week and from 6.30pm on a Friday until 8am the following Monday, and on bank holidays), cover for urgent primary care need (need that is not life threatening, but which the patient feels cannot safely wait until their GP practice is next open) is provided by Shropshire Doctors Co-operative Ltd (Shropdoc), a GP-led organisation. The Shropdoc service answers calls for patients when their own surgery is closed to ensure that their needs are safely met until their surgery is next open.

In the next two years the CCG plans to go out to procurement for the Out of Hours contract in a joint venture with Telford and Wrekin CCG.

GP Walk-In Services
Shropshire has a GP walk-in centre (primary care urgent care centre) which is available for all patients to access and is delivered as part of an APMS contract. It is currently sited alongside the Emergency Department at the Royal Shrewsbury Hospital. The current services are open 8am – 8pm, 7 days a week, 365 days a year. The service is currently provided by Malling Health. The contract for this service is due to be reviewed prior to the end of the current contract term in April 2019.

Extended Hours Directed Enhanced Service (DES)
The aim of the extended hours enhanced service is for practices to provide routine appointments to their registered population at times outside of core contracted hours to allow patients to attend the practice at a time when it is more convenient for them.

Practices can operate either solely or as a group and appointments can be offered with GPs and nurses. There is an option to provide telephone consultations and use other methods of communication. The level of extended opening that must be provided under this agreement is based on the contractor’s list size and is calculated at 30 minutes per 1,000 registered patients.

27 of the 43 GP practices in Shropshire CCG signed up to the extended hours DES in 2016/17. Between these practices 393 appointments were offered each week outside of core contracted hours (i.e. before 8am, after 6.30pm, or at the weekend).

GP Access Fund
Shropshire CCG is currently part of a pilot site for the GP Access Fund (previously Prime Minister’s Challenge Fund), the background to which is outlined below.

STW Provider Services Ltd was established as a GP Federation across Shropshire and Telford & Wrekin in 2013, offering opportunity for member GP practices to deliver healthcare services collaboratively.

The STW Federation, together with Shropdoc and GP First (the federation covering Stafford and the surrounding area), was successful in securing £4.2million from the Prime Minister’s Challenge Fund (a national fund set up to help improve access to General Practice). The funds are being used for a wide range of pilot developments – including working towards seven day a week access to GPs. A total of 17 Shropshire practices, 10 in the Shrewsbury and Atcham locality and 7 in the South locality, are currently participating in offering
extended access via this scheme. The contract for delivering this scheme is in place between NHS England and Shropdoc, who then sub-contract a number of the participating practices to act as ‘hubs’ who between them staff the appointments and provide use of their premises. The patients of the participating practices are then able to access appointments outside of core hours but not necessarily at their registered practice.

Extended access via the GP Access Fund is about access for a patient population rather than an individual practice list. This has become a pilot for the 7 days working initiative detailed in the GP Forward View.

**Delivery of extended access pilot**

Data for March 2017 showed the following levels of appointment provision and uptake for that month:

<table>
<thead>
<tr>
<th></th>
<th>Shrewsbury (10 practices)</th>
<th>South (7 practices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total appointments available</td>
<td>192</td>
<td>315</td>
</tr>
<tr>
<td>Total appointments booked</td>
<td>177</td>
<td>295</td>
</tr>
<tr>
<td>GP appointments booked</td>
<td>177</td>
<td>275</td>
</tr>
<tr>
<td>Nurse appointments booked</td>
<td>-</td>
<td>20</td>
</tr>
<tr>
<td>Appointments remaining</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td><strong>Uptake of appointments</strong></td>
<td><strong>92%</strong></td>
<td><strong>94%</strong></td>
</tr>
<tr>
<td>DNAs</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>DNA rate</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

In Shrewsbury, 32-40 appointments were offered Monday - Friday during March 2017, with 16 appointments offered on a Saturday (not every week). In the South, 40-56 appointments were offered Monday – Friday during March 2017, with 32-48 appointments offered on a Saturday.

The table on the following page shows which practices are currently part of the GP Access Fund pilot and which practices were signed up to the extended hours enhanced service for 2016/17.

This information shows that currently only one practice in the south locality offers appointments on a Saturday. Three practices in the Shrewsbury and Atcham locality offer some access to appointments on a Saturday. Two practices in the north locality, both in Oswestry, offer appointments on a Saturday.

A good proportion of practices in the south locality (80%) and in the Shrewsbury and Atcham locality (69%) are signed up to the extended hours enhanced service, with only 33% signed up in the north locality.

No practices in the north locality are currently part of the GP Access Fund pilot. The initial contract for the GP Access Fund pilot ended in March 2017 but was extended for a further 18 months. The aim during this time is for the pilot to be extended to cover more of the CCG’s population, recognising the current inequity.

The CCG will look in more detail at the reasons for the variances and commission services to ensure equity of access. From April 2018, there will be additional funding available for extended access via the GP Forward View to work towards the 100% population coverage target by April 2019.
<table>
<thead>
<tr>
<th>Practice Code</th>
<th>Locality</th>
<th>Practice Name</th>
<th>Extended hours ES</th>
<th>GP Access Fund pilot</th>
</tr>
</thead>
<tbody>
<tr>
<td>M82021</td>
<td>South</td>
<td>Albrighton Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82601</td>
<td>South</td>
<td>Alveley Medical Practice</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>M82033</td>
<td>South</td>
<td>Bishops Castle Medical Practice</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>M82004</td>
<td>South</td>
<td>Bridgnorth Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82051</td>
<td>South</td>
<td>Broseley Medical Practice</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>M82024</td>
<td>South</td>
<td>Brown Clee Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82008</td>
<td>South</td>
<td>Church Stretton Medical Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M82041</td>
<td>South</td>
<td>Cleobury Mortimer Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82046</td>
<td>South</td>
<td>Craven Arms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M82620</td>
<td>South</td>
<td>The Meadows Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M82019</td>
<td>South</td>
<td>Much Wenlock and Cressage</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82031</td>
<td>South</td>
<td>Highley Medical Centre</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>M82043</td>
<td>South</td>
<td>Portcullis Surgery</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82038</td>
<td>South</td>
<td>Shifnal and Priorslee</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>M82014</td>
<td>South</td>
<td>Station Drive Surgery</td>
<td>Yes (incl. alternate Sat)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>12 /15 practices</strong></td>
<td><strong>7/15 practices</strong></td>
</tr>
<tr>
<td>M82018</td>
<td>Shrewsbury</td>
<td>The Beeches Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82048</td>
<td>Shrewsbury</td>
<td>Belvidere Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82034</td>
<td>Shrewsbury</td>
<td>Claremont Bank Surgery</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82047</td>
<td>Shrewsbury</td>
<td>Marden Medical Practice</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>M82040</td>
<td>Shrewsbury</td>
<td>Marysville Medical Practice</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>M82002</td>
<td>Shrewsbury</td>
<td>Myton Oak Medical Practice</td>
<td>Yes (sat once a month)</td>
<td>Yes</td>
</tr>
<tr>
<td>M82030</td>
<td>Shrewsbury</td>
<td>Pontesbury Medical Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M82016</td>
<td>Shrewsbury</td>
<td>Radbrook Green Surgery</td>
<td>Yes - incl. Sat</td>
<td>Yes</td>
</tr>
<tr>
<td>M82006</td>
<td>Shrewsbury</td>
<td>Riverside Medical Practice</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>M82032</td>
<td>Shrewsbury</td>
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GP Patient Survey – patient satisfaction with access

The GP Patient Survey is an England-wide survey, providing practice-level data about patients’ experiences of their GP practice. The latest results from the GP Patient Survey were published in July 2017. In Shropshire CCG, 9,668 questionnaires were sent out, and 4,946 were returned completed. This represents a response rate of 51%. In terms of questions with specific reference to access, results were as follows:

- 81% of patients rated their overall experience of making an appointment as “Good” or “Very Good”, compared to a national average of 73%. Practice results ranged from 52% to 98%.
- 94% of Shropshire respondents found their appointment convenient.
- Of the people who could not get a convenient appointment at their GP practice, 19% of patients either used another NHS service or did not see anyone at all, 4% went to A&E, and 4% decided to see a pharmacist. These figures are like national averages.
- 81% of Shropshire patients found it easy to get through to their practice by phone, compared to a national average of 68%. The lowest scoring practice in Shropshire achieved a score of 32%.
- 88% of patients could get an appointment when they wanted one compared to the national average of 84%. Practice scores ranged from 73% to 99%.
- 100% of practices have enabled patient access to online appointment booking and online repeat prescription requests – however 51% of patients that responded were unaware of these services.
- 78% of respondents were satisfied with their practice opening hours. This compares to a national average of 76%. Individual practice results ranged from 50% satisfaction to 96%.

Recommendations

The GP Forward View puts a big focus on improved access to GP services and the CCG needs to plan for this innovation. Additional funding is being provided to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services. There must be 100% coverage from April 2019, with all patients being able to access pre-bookable and same day appointments to general practice services 8am-8pm Monday to Friday, with appropriate weekend provision. Appointments can be provided on a hub basis with practices working at scale.

There should be a considered approach to implementing extended access through the GP Access Fund, with service models that address identified levels of demand. Lessons should be learned from the pilot, data from which should help inform what has worked well in terms of promoting the scheme to patients and utilisation of appointments. Where groups of practices are interested in delivering additional capacity, this ‘at scale’ working should be encouraged. Service models for the more rural areas of the county will not necessarily work in the same way as those in Shrewsbury and the market towns, but access should be equitable.

When commissioning additional access to general practice services, the CCG must at the same time consider those services to which the practice may need access (for example whether it will be possible to send off blood tests over the weekend).

The latest GP Patient Survey (GPPS) results\(^\text{18}\) for the CCG showed that 78% of respondents were satisfied with their practice opening hours. This compares to a national average of 76%. Individual practice results ranged from 50% satisfaction to 96%.

It will be important to use this survey feedback, along with other mechanisms of patient feedback and engagement, to determine local need for extended access to GP services.

The CCG should work with practices to maintain the overall high levels of patient satisfaction with practice opening hours. Those areas where levels of satisfaction are lower than the CCG average should be identified and addressed as part of locality plans. The CCG will need to work with localities and with patient groups to develop its plans to improve access in line with patient need and within the requirements of the GP Forward View.

3.2 Primary Care Estate

A draft CCG Strategic Estates Plan was published in January 2016. The plan was produced by NHS Property Services in conjunction with Shropshire CCG and the local Trust sites, covering the wider NHS estate within Shropshire but focusing on the GP estate. This plan supported primary care bids for the NHS England Estates and Technology Transformation Fund (ETTF), a multi-million-pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20). The plan was updated in June 2016 but remains a draft document that is currently under review and is due to report to Primary Care Commissioning Committee in August 2017.

At the time of the plan being produced, there were 44 GP practices with 14 branch surgeries. As at June 2017 there are 43 GP practices (Mount Pleasant Medical Practice and Haughmond View Medical Practice merged in April 2016) with 13 branch surgeries (the Knighton site of The Meadows Surgery closed in December 2016), so a total of 56 sites.

Primary Care Estates Audit

GP practices were asked to complete a premises audit questionnaire in November 2015, with a view to the information informing a CCG-wide primary care estates strategy.

51 practice sites (some main and some branch) responded to the audit. The results were as follows:

- Tenure - 65% freehold and 24% leasehold. Six of unknown tenure.
- Condition - most properties were judged to be in excellent, good or satisfactory condition (14%, 47% and 18% respectively); most (98%) were under 100 years old, although 24% were of unknown age. There were two listed buildings.
- ETTF - 63% of practices were interested in securing funding for major developments through the Estate and Technology Transformation Fund.
- List expansion (workforce) - 47% advised that expanding their workforce would not enable them to increase patient list numbers.
- List expansion (premises) - 47% considered that expanding their premises would enable them to increase their patient list.
- Premises expansion - 53% stated that they would like to expand their premises (two said they would only if it was financially viable).
- Residential / nursing home provision - most practices (65%) were unaware of plans to increase residential or nursing home provision in the area.
- ICT provision - 20% were happy with their computer-based technology and 51% were happy with their telephony system with most having equipment that had been replaced / upgraded within the past year. Some of the challenges were poor / slow internet connection (20%), out-of-date software or hardware (6%) and lack of space for equipment. Two commented that they would like to increase their ICT technology to facilitate video-calling, e.g. Skype.
• One of the most challenging problems for practices was lack of space for current services and / or lack of space to expand their services.

The survey identified 25 GP-led development opportunities.

6 Facet Surveys* were undertaken in January 2016 to support ETTF bids and to establish if current premises could support future needs under the Five Year Forward View. (*The 6 Facet Survey forms the ‘core’ estates information required by HBN 00-08 (NHS Estatecode)19. Historically this has always been regarded as the ‘minimum data set’ of information necessary on which to base intelligent decisions about the future of an estate.)

**Draft Strategic Estates Plan**

The draft Strategic Estates Plan, developed in 2016, identifies the estates challenges across the CCG. Between 2006 and 2026, Shropshire Council is proposing 27,500 new homes and Shropshire Council’s Core Strategy sets out this housing requirement. Over the next 5-10 years this will have a huge impact on patient numbers at many of our GP practices.

The plan sets out investment opportunities across the CCG which consider potential new ways of working (for example delivery of services through ‘hub’ sites). This plan is currently being reviewed and updated – the review will ensure that it is in line with the STP delivery plan.

It is important for the CCG to continue to work with local planners to ensure that there is sufficient Primary Care capacity to meet the increase in patient population across the geography of the CCG.

**Estates and Technology Transformation Fund (ETTF)**

NHS England’s Estates and Technology Transformation Fund (ETTF) is a multi-million-pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20). It is part of the General Practice Forward View commitment for more modernised buildings and better use of technology to help improve general practice services for patients.

The CCG co-ordinated the submission of the Estates and Technology Transformation Fund (ETTF) bids from GP practices in January 2016. Because of the bids, there are two schemes underway for new premises – one for the three practices in Whitchurch to come together in a single premise and one for Shifnal.

**Recommendations**

The CCG’s strategic estates plan is currently under review but will set out recommendations for the general practice estate, including opportunities for investment and how future premises developments should align with the STP, new models of care, and facilitate at scale working. A final strategic estates plan will be developed by Autumn 2017 and will link directly to the health needs of Shropshire and the clinical priorities as set out in earlier in the document.

In addition to the developments underway as ETTF schemes, there are several other estates issues which the CCG is considering, all of which are contained within the updated estates plan.

An improvement grant process is currently being put in place at the CCG. Practices will be encouraged to have plans ready to submit as and when funding becomes available – the CCG will then assess and prioritise the plans to enable developments to take place. At the time of writing this needs assessment, there is no allocated funding available for practices to access.

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3.3 **Primary Care Information Technology**

The CCG recognises the national requirement to improve IT infrastructure and the sharing of data. As highlighted, technology has a major role to play in addressing some of the issues associated with the rural nature of Shropshire, both in terms of patient access to services and in terms of better connecting our GP practices.

The CCG’s IT strategy is built around the local digital roadmap, which is laid out across the STP footprint of Shropshire, Telford and Wrekin.

42 of the 43 GP practices in Shropshire CCG currently use the EMIS Web Primary Care Clinical System for recording patient information, with the remaining practice using Vision. Any referrals for care into the acute or community setting are generated at a practice level and sent via the Referral Assessment Service (RAS) using the e-Referral System. Further work is needed to ensure that all referrals both urgent and planned follow agreed pathways and criteria.

**Local Digital Roadmap**

The local digital roadmap aims to create a digitally enabled health and social care economy across Shropshire. A few key actions have been identified:

- Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions (the summary care record)
- Patients can access their GP record
- GPs can refer electronically to secondary care
- GPs receive timely electronic discharge summaries from secondary care
- GPs and community pharmacists can utilise electronic prescriptions
- Patients can book appointments and order repeat prescriptions from their GP practice

**Estates and Technology Transformation Fund (ETTF)**

Following a successful ETTF bid, Shropshire CCG will be rolling out the following IT based solutions for practices:

- Wi-Fi in all practices
- Voice over Internet Protocol (VOIP) telephone system in all practices

Wi-Fi and VOIP have been offered to all practices and implementation is currently in progress. Implementation will be completed by the end of 2017/18 – most of practices are expected to take up this offer.

These improvements will also lay the foundations for further digital improvements in Primary Care.

**Patient Online**

Patient Online is designed to support GP practices to offer and promote online services to patients: appointment booking, ordering of repeat prescriptions and access to coded information in records. Since April 2016, all GP practices in Shropshire can offer their patients access to these online services.

The BMA and NHS England have made a joint commitment to encourage practices to register a minimum of 20% of their patients for at least one online service by 31 March 2018. Practices are also required to support patients to use apps to access Patient Online services. Finally, practices should continue to provide patients who request it, with online access to clinical correspondence.
As at December 2016 (which was the latest published data available at the time of writing), the percentage of patients enabled for online access to appointments and ordering of repeat prescriptions ranged from 0.9% to 42.9% across the CCG (average practice achievement of 14%). For patient access to coded information in records, one practice had achieved 13%; the remaining practice achievement was between 0% and 5% (average 1%). Further work is needed to support practices in this area.

The patient survey carried out as part of the primary care needs assessment (see Section 5) showed that there is willingness amongst patients both to book their appointments in different ways, and to communicate with their GP practice in different ways. Responses to the survey undertaken with GP practices also indicated that GPs and Managers would be willing to offer GP consultations in different formats, as well as supporting the provision of more information online. This supports the need to ensure that our GP Practices have an ability and infrastructure to deliver these new ways of working.

**Recommendations**

The CCG’s IT Forum, which covers Shropshire, Telford and Wrekin, is the group that oversees the support and development of IT within the GP practices. Funding through the Estates and Technology Transformation Fund (ETTF) via the GP Forward View is supporting the implementation of technology as outlined above, as well as funding streams specifically for online consultations.

Shropshire CCG will be working with our practices to develop a range of new models of consultation. This will include:

- Improvements to walk in and pre-bookable appointments both in and out of core hours
- Developing the use of multidisciplinary workforce
- Telephone appointments
- Group sessions
- Awareness raising of how to access GP appointments
- Implement telehealth at scale to drive health benefit
- Introduction of a range of Public Health prevention initiatives in Primary Care
- Supporting practices to embrace technological advanced to support care

As part of plans to work more collaboratively, the CCG is supporting groups of practices to explore shared IT platforms for tasks such as document management.

Programmes such as Patient Online should reduce practice workload by putting more ownership and responsibility on the patient, and reducing incoming calls to the practice. The CCG should continue to promote practice uptake and promote the availability of these services to patients, with the support of a regional NHS England ‘digital champion’.

Progressing primary care IT remains the remit of the CCG’s IT Forum and local digital roadmap. There is a clinical champion in place, supported by a part-time IT Manager. Progress will be reported to the Primary Care Working Group and Primary Care Commissioning Committee as appropriate, as well as being a key part of the STP. Consideration should be given to the current arrangements for the technical support provided by the Commissioning Support Unit for Primary Care IT.
3.4 Workforce

There are approximately 190 WTE GPs working across Shropshire CCG (including locums, registrars and retainers) according to NHS Digital workforce data (experimental statistics, March 2017\(^{20}\)). This equates to 0.6 GPs per 1000 head of population. Nationally, the number of FTE GPs equates to 0.59 per 1000 head of population (based on total registered patients\(^{21}\) and experimental workforce statistics\(^{22}\)). A key pledge within the GP Forward View is to deliver 5000 more full-time equivalent GPs and 5000 other primary care professionals across the country by 2020. For the NHS England Midlands and East Region, the target number of new GPs is approximately 1,500; of which 450-500 would be for the West Midlands area (the figure for Shropshire is not yet known). Further work is required on data for other healthcare professionals currently working in Primary Care.

The CCG will continue to support the delivery of high quality Primary Care at scale and attracting and investing in a multidisciplinary skilled workforce. To support the development of a long-term workforce strategy, we intend to undertake an analysis of primary care workforce predictions for the next five years, working closely with our local GP practices, Health Education England, NHE England and the Community Education Provider Network (CEPN). This work will be aligned to the STP work programme for workforce development and other ongoing work-programmes as identified earlier in the paper.

Local GP workforce survey

A survey of all GP practices in the CCGs in our local area was carried out in October 2016 to determine the current structure of the workforce across the patch. This data was compared with other sources of data – such as NHS Digital (previously the Health and Social Care Information Centre - HSCIC) which is collected from GP practices via the Primary Care Web Tool – to determine the number of staff across all Practices as well as some key ratios for benchmarking against the suggested national averages.

20 (45%) of Shropshire CCG GP practices responded to the local workforce survey. 42 practices (95%) participated in the March 2017 NHS Digital Workforce data collection (this data collection is now mandatory and is to be carried out on a quarterly basis via the Primary Care Web Tool or the new Health Education England tool that is being rolled out).

This information will be used to develop a workforce plan to deliver a sustainable general practice workforce that will form the foundation of the future models of collaborative care.

- At the time of the survey, 4 of the Shropshire GP practices who participated had GP vacancies (3 partner, 2 salaried – presumably one vacancy was for either of these options)
- One practice had a Practice Nurse vacancy
- 16 GPs were thinking about retiring over the next 5 years
- 4 Nurses were thinking about retiring over the next 5 years
- The main reasons (across the whole survey so not just Shropshire CCG) for retiring were reaching the age of retirement; a few cited work life balance and workload pressures.
- To establish whether there was an appetite in primary care for new primary care roles, practices were asked to rank which of the existing and emerging new practice roles they would consider recruiting to in the next five years – see table on page 28.


\(^{21}\) [http://www.content.digital.nhs.uk/catalogue/PUB23978](http://www.content.digital.nhs.uk/catalogue/PUB23978)

The final conclusions from the report were that regarding the number of people looking to reduce and retire early, there are several factors in play; the impact of both the seniority payments and the recent changes to the NHS pension, and where people are looking to reduce their hours or take early retirement, which will influence the morale and work life balance and pressure of those who remain.

Coupled with the local and national challenges in recruiting GPs and Practice Nurses, this issue is further compounded. There is a need to retain the current workforce and to improve work life balance and workload pressures should be a top priority.

Several GP practices across Shropshire already offer medical students and GP registrar placements. These placements are supported by local universities. This offers opportunities to develop additional skills and competencies as well as developing the skills and knowledge of other members of the team. This assists in breaking down historical professional boundaries and promotes primary care as a career destination. The rural nature of some of our practices could be a negative to offering placements and we need to be able to demonstrate the positive aspects of working in a rural area.

The CCG is working with the local GPs and CEPN to actively engage and promote the benefits and opportunities for GP practices to become training practices for student nurses and develop mentoring skills for practice nurses linked to local universities.

The CCG provided match funding to support the implementation of a Practice Nurse Facilitator post for a 12-month period in collaboration with Health Education West Midlands. Two nurse facilitators were appointed for one session each per week across Shropshire and Telford & Wrekin CCGs. The posts are funded by Health Education West Midlands via the local CEPN and the two CCGs, who are working in partnership to support the implementation of the Health Education England General Practice Nursing Career Framework. Their role is to assist in the development of pre-and post-registered nursing workforce in general practice. They support nurses new to general practice and those undertaking the Fundamentals of General Practice Nursing programme. In addition, their role is to provide support to mentors who are mentoring student nurses, set up Practice Nurse Network Groups where wanted, gather information about training needs and help provide a voice for local nurses in General Practice. There is a growing number of nurse placements in Shropshire practices.
The CCG has also recognised that further support is needed for Practice Nurses and it is recommended that this be included as part of a Primary Care Workforce Strategy.

The CCG has historically supported GP education, mentoring, clinical leadership development and protected learning events and these continue to develop in a positive direction. To further support practices with challenges, NHS England also offers the services of a General Practice Support Team.

Funding has been made available from NHS England for practice manager development training, and funding is available for reception and administrative staff to undertake enhanced roles in active signposting and correspondence management.

Some of the GP practices are using monies available from the 2016/17 GP resilience fund (part of the GP Forward View GP development programme) to pay for joint training to support collaborative working.

Further discussions are also required around the skill sets available within each practice and how these skills can be better shared between practices as part of the joint working.

**Recommendations**

One of the desired outcomes from the original CCG Strategy was to have an empowered, diverse and self-sustained workforce, which is an outcome the CCG still aspires to. There is an increasing population with a nationally decreasing workforce and there is a risk of a reduction in the quality of care provided and therefore patient safety due to an exhausted workforce.

Shropshire needs to promote the benefits of their geography and services to be an attractive place to work. Through creating varied innovative opportunities to diversify a clinical portfolio career, covering a wide spectrum including research, leadership, training and an alternative clinical focus, we can then retain the current workforce and attract future workforce.

Through the STP, work will be carried out to expand multi-disciplinary team working and to look at more collaborative and innovative ways of utilising the collective workforce. This is backed up by the workforce elements of the GP Forward View, which are being led by NHS England’s regional primary care team and include the following initiatives. Consideration needs to be given to the impact the new ways of working will have on other sectors:

- **Clinical pharmacists** in general practice – this is a national scheme and the CCG is supporting bids from GP practices.
- **International recruitment** – there will be a pan-Shropshire approach to this.
- **Recruitment of Physician Associates** - there will be a pan-Shropshire approach to this. A Physicians Associate ambassador has been appointed regionally to promote this role and some individual practices are exploring this option.
- **Recruitment of practice nurses** - there will be a pan-Shropshire approach to this.
- **Recruitment of mental health workers** - there will be a pan-Shropshire approach to this. Locally, CMHT link workers will be based around clusters of practices, which supports a more collaborative approach.

Whilst the CCG has a whole time equivalent GP workforce ratio that is similar to the national average, there is a need to fully identify the overarching clinical workforce ratio to assess overall need. An audit is being carried out to further analyse the position locally and ensure the workforce data currently held is completely accurate (and gives a complete picture). This will then be kept up to date and accurate moving forward using a Health Education England (HEE) workforce tool. This information will inform a workforce strategy.
The patient survey carried out as part of the primary care needs assessment (see Section 5) showed that there seems to be a growing acceptance from patients to see a health professional other than a GP or Practice Nurse.

The CCG needs to encourage the use of new workforce models with locality groups as they work more collaboratively together and as new care models emerge. Many practices have extended their multidisciplinary team to include Advanced Nurse Practitioners and are exploring the role of clinical pharmacists and physician’s associates.

3.5 Workload and GP resilience

The GP Forward View recognises the increasing workload and pressure on general practice and seeks to reduce unnecessary administrative burden on GPs. Locally, the CCG also acknowledges the concerns increasingly raised by GPs about unnecessary work shifting from secondary care. It is also recognised that the increasing ageing population in Shropshire brings with it additional workload in terms of caring for patients in nursing and residential homes and in our more rural areas. In more general terms, patient demand and expectations continue to rise.

30% of respondents to the survey of GPs and Practice Managers carried out as part of this needs assessment (see section 5) considered their practice to be ‘vulnerable’.

Care Navigators

A £45m fund has been created as part of the GP Forward View’s GP development programme, for care navigation training – to be used by practices to train reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence, to help free up GP time, and is available over the next four years.

Shropshire’s practices are adopting a group / locality based approach to care navigator training. Care navigators will supplement the successfully implemented practice based Community and Care Coordinators scheme. The CCG is also exploring how this links up with care navigation in the local authority, and work being undertaken around social prescribing.

Correspondence management

Shropshire practices are at different stages with correspondence management, ranging from administrative staff who already read many of the GPs’ letters through to practices where the GPs read and taken action all the letters coming into the practice personally. Practices have been accessing training to look at, improve or implement systems within their practices for improved workflow of correspondence, and will also be looking to share best practice.

10 High Impact Actions

Shropshire CCG will be supporting the implementation of the GP Forward View 10 high impact actions to release time for care. As set out below, a number of these actions will be supported by wider STP work streams.
1. **Active signposting** – This will be further developed in conjunction with STP partners, particularly linking in with established Social Care and Voluntary Sector signposting schemes and will be linked to the development of the community directory, Shropshire Choices.

2. **New consultation types** – This will be linked to the implementation of our Local Digital Road Map and our Estates and Technology Transformation Fund bids.

3. **Reduce Did Not Attends (DNAs)** – review options for improving appointment systems and working with patient groups to develop awareness and reduce the impact of DNAs.

4. **Develop the team** – utilise national investment and opportunities of working at scale and collaboration to support training of clerical and reception staff. Develop the care navigator role with allocated funding.

5. **Productive workflows** – Share good practice both locally and nationally to develop innovative ways of working. Develop greater links to STP developments.

6. **Partnership Working** – ensure this flows through all transformation activities and that links between Primary Care and the STP are strengthened. Develop the locality infrastructure and the support this offers.

7. **Social Prescribing** – Build on the pilot scheme in the north of the county and link to both the existing CCG Community and Care Coordinators and Social Care Let’s Talk Local schemes.

8. **Support Self Care** – This is a theme that runs through the STP, but requires greater alignment with Primary Care. Strengthen links with Shropshire Council’s Public Health Prevention programme (‘Healthy Lives’) and Social Care ‘Resilient Communities’ work.

9. **Personal Productivity** - Develop support mechanisms and training and development opportunities for staff in collaboration with our partners.

10. **Develop QI expertise** - development of a transformation and quality support offer.

**Clinical Pharmacists in General Practice**

As mentioned in the workforce section, there is a national programme underway to recruit clinical pharmacists in general practice. The GP Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21.

GP practices were invited to apply for funding to help recruit, train and develop more clinical pharmacists. Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term.

Having clinical pharmacists in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This helps GPs manage the demands on their time.

There are already practices within Shropshire who employ a clinical pharmacist, and groups of practices are interested in putting in a bid for this funding. The CCG’s medicines optimisation team are supporting practices who are interested in bidding for funding.

**Prescription Ordering Direct (POD)**

The CCG is in the process of rolling out Prescription Ordering Direct (POD), a scheme that seeks to reduce medicines waste and reduce workload on general practice by reducing incoming calls for repeat prescriptions and the associated administrative work. Ideally, any clinical pharmacists employed by practices or groups of practices would work with and alongside the POD.

**Recommendations**

Working more collaboratively as groups of practices is key to addressing the pressures of workload and the impact that has on both individual and collective resilience. Practices are starting to form alliances (Darwin
Health in Shrewsbury, some practices within the north and south localities have become members of OHP, and more local collaborations such as the south-east group of practices have formed. This is at early stages and GP resilience monies through the GP Forward View have supported the setting up of these groups.

Through collaborative working, better communication, and the sharing of some back-office functions and processes, such as HR and shared document management systems, practices will become more resilient. In turn, this is the first step towards the development of new care models and new ways of working. These new models should ultimately integrate the wider health and social care system, with new workforce models based around a patient population.

Through the STP, the CCG and partners should ensure that primary care is linked up with the wider community work being led by the local authorities. Shropshire Council’s ‘Healthy Lives’ and ‘Resilient Communities’ work has a focus on prevention and patient self-care, as well as developing social prescribing where patients can be supported to access resources within the community where it is a social intervention that is required rather than a medical one. Promoting care navigation, through the training of GP practice reception and administrative staff to have a more enhanced role in actively signposting patients to these services, and expanding the role of the Community and Care Coordinators, should also reduce the number of unnecessary appointments made with a GP. The use of local directories and the Shropshire Choices website will underpin this work. There is a huge amount of working going on across the county, and the CCG has a key role in ensuring collaborative working.

How to manage demand on the whole health and social care system is a key workstream within the STP. Keeping patients out of hospital and reducing admissions and referrals into secondary care is a priority for the CCG and will be included within locality plans for the GP practices. Frailty and MSK are key areas of clinical focus and GP engagement in these projects is essential, alongside other partners such as Shropshire Council, Shropshire Community Health NHS Trust and the acute providers.

### 3.6 New Models of Care

The Department of Health’s Five Year Forward View outlines new models of care. Four prototype care models were defined which encouraged organisations to work together to deliver patient care. In addition, the BMA’s vision of ensuring a responsive, safe and sustainable General Practice included increased collaboration between GP Practices.

The new models of care outlined in the Five Year Forward View outline integrated out of hospital care with local communities. The CCG supports this approach. Whilst considering the delivery of new service models, the CCG should work with practices to not only encourage them to work collaboratively, but also on a wider scale with hospital and community colleagues.

As mentioned above, several Shropshire GP Practices are moving towards this model of operating at scale with groups of ‘Alliance’ organisations emerging with the objectives of working in a more collaborative way.

#### STP Neighbourhood Model

The STP’s plan for neighbourhood working will be used as the basis for providing health and care services for people who need professional help, but not hospital treatment. The aim is that GPs, social care, community nurses, therapists and mental health workers increasingly work together to provide a consistent range of services at a local level. These Neighbourhood Care Teams would be the first port of call for patients with diabetes, and other long-term conditions patients who might otherwise have to go to hospital but who don’t
need emergency services; and patients who have recently been discharged from hospital. They would be the link between clinical and community care.

The Neighbourhood offer is founded on a place-based approach to meeting local need, placing primary and community care at the centre and using a multidisciplinary and asset-based approach to delivering care and support. GPs’ engagement is essential and further work is needed to understand their involvement in terms of delivery. This approach needs to acknowledge current pressures and capacity issues and wrap additional levels of support around practices. This in turn looks to address the anomaly of a simple “left shift” from secondary to primary care given primary care pressures and looks to develop alternative options, where appropriate, such as social prescribing. Central to the Neighbourhood model is the focus on prevention and building community resilience as key strands of demand management. Shropshire’s neighbourhood model also looks to consider rurality and poor transport links in some areas of the county and to build this into solutions by ensuring communities and individuals can be self-reliant and self-caring where appropriate. The CCG needs to further define the new model of care and engage with the General Practice population to enable delivery.

**Primary Care Services - Key Messages**

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices.
- Reviews currently being undertaken around the locally commissioned services and work being carried out that is not contracted or funded should be completed, with the aim of providing equity for patients and resourcing practices for the work being undertaken outside of the core contract.
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention.
- We need to continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities.
- Support for practices to provide primary care at scale and deliver new models of care, 8am – 8pm 7 days a week is required.
- Equitable access needs to be available and visible for both routine and urgent care in GP Practices.
- Continued support for Practices with premises and IT development and workforce is key for future success.
- Improved methods of communication and engagement are needed to share strategic, plans and best practice to ensure high quality coordinated care.
- The CCG need to continue to undertake patient surveys to determine experiences and needs.
- Ensure primary care is fully involved and engaged in the new models of care as they start to emerge, and that groups and alliances of practices are fully linked in with the STP neighbourhood work.
- Ensure primary care is fully sighted on, and linked in with, the local authority work around resilient communities and healthy lives. Work around care navigation should facilitate this aim of linking up all the different resources and work taking place across the local health and social care system.
Section 4 – Quality

General practice in Shropshire is seen to be of high quality, with high QOF achievement, good ratings from Care Quality Commission (CQC) inspections and high patient satisfaction scores. However further work is needed to ensure this high-quality care can be continued.

QOF achievement and Primary Care Web Tool

The Quality and Outcomes Framework (QOF) is an annual reward and incentive scheme for GP practices. There are 19 clinical areas within the clinical domain of QOF, plus an additional six within the public health domain. The average overall QOF points achievement for Shropshire CCG for 2015/16 was 97.47% (compared to a national average of 95.33%).

Through QOF the CCG can look at disease prevalence (percentage of eligible patients on QOF disease registers) for individual practices and the CCG. There will be different factors causing variance in prevalence, not least the demographics of a patient population. By understanding local need and identifying any unwarranted variances, the CCG should ensure that appropriate services are in place and being delivered in the right way to meet need.

The Primary Care Web Tool allows CCGs and NHS England to identify outlying practices across several quality outcome measures and indicators. The tool provides a CCG overview to highlight significant variation across its practices. A total of 6 or more points that are more than 2 Standard Errors of Mean (SEM) outside the mean value is considered to represent significant variation warranting further investigation. Shropshire CCG has no practices with more than 3 points which are 2 SEM outside the mean value.

The data held within the Primary Care Web Tool is used to populate a primary care quality dashboard, which will be used to inform practice support visits carried out by the CCG.

Care Quality Commission (CQC) ratings

The Care Quality Commission (CQC) is the independent supervisory body of health and adult social care in England. They ensure that services provided are safe, effective, compassionate, high-quality and encourage care services to improve.

The CQC has visited all the GP practices in Shropshire. One practice was rated as ‘requires improvement’ and the CCG is satisfied that actions have been implemented to address all the concerns and issues raised. Of the remaining practices, six have been rated as ‘outstanding’ and the rest as ‘good’.

CCG Quality Measures

Primary care quality dashboard

A primary care quality dashboard has been developed by the Commissioning Support Unit’s business intelligence team, which is populated by information from the Primary Care Web Tool and other sources such as the Friends and Family Test data, complaints data, and information recorded via Datix (an incident reporting system). The data is at CCG level but provides an overview and highlights trends. Individual practice data packs are also produced and shared with practices. This information is used to inform practice visits and discussions around quality, patient safety and patient experience. This dashboard needs to be reviewed and formally reported to Primary Care Commissioning Committee both at CCG and practice levels. Activity currently underway includes infection prevention and control, safeguarding (adult and children), supporting people with learning disabilities, working with public health to improve screening and immunisations.
Practice support visits
Practice support visits have been taking place on an annual basis, however the format and content of these visits is currently under review and will be information from these visits will inform the dashboard discussed above.

Recommendations
The CCG is working to bring together all the various data held, to make it as meaningful as possible to both practices and the primary care team. Locality profiles and locality plans are being developed by the primary care team, which will help to demonstrate local priorities and areas of focus. The CCG will continue to link in with NHS England and the CQC to address any areas of concern and a primary care lead within the CCG’s quality directorate has been identified to facilitate this.

A mechanism for promoting and sharing good practice should be put in place, including a formal mechanism for sharing CQC rated ‘outstanding’ practice. A formal method of providing assurance to Primary Care Committee is required.
Section 5 - Patient, Professional & Public Engagement

Patient Survey

To inform this Primary Care Needs Assessment, the CCG commissioned a patient engagement exercise with patient groups from practices in Shropshire, ensuring that the patient voice was heard.

Patients were encouraged to fill out a short survey, either paper based or online, and the results were collated and analysed on a weekly basis to ensure a representative section of the patient population.

Patient Group Survey Results

The patient survey was carried out in December 2016. Over 450 patients responded to the survey with patients from a cross section of all GP Practices represented. Most respondents (nearly 63%) were female and nearly half (47.55%) were aged 65 and over.

- 13% visit a GP less than once a year but over 22% visit their GP more than 3 times a month.
- Nearly 95% of patients are happy to see a GP and almost 75% are happy to see a Practice Nurse. As far as seeing other types of healthcare professionals is concerned, there seems to be a growing acceptance from patients, with 65% saying they would be happy to see an Advanced Nurse Practitioner (ANP), 48% indicating they would be happy to discuss their requirements with a Pharmacist and 37% would be happy to see a Physiotherapist, where appropriate.
- The majority (nearly 67%) of patients who were asked what types of information would help them to self-manage minor illnesses better, stated that online information as well as printed leaflets on common conditions would be more useful. However, just over 58% of patients would not visit their GP Practice and would try to self-manage a mild condition. It is important that the CCG makes this information available to patients.
- Whilst the majority (82%) of patients indicated that they prefer to book their appointments by telephoning their surgery, a large number (46%) would also book online, whilst a growing number (22%) would be happy to book their appointments using a mobile phone App.

3) (*) How would you prefer to make appointments at your medical practice? (Please tick all that apply)

- By telephone
- Online
- Using an app on your mobile phone
- In person at the surgery

- Whilst almost 99% of patients still prefer to see their GP face to face, there are growing numbers who appear to want to communicate through other media such as telephone (over 65%), visually over the internet (13%), email (25%) and text (over 16%). This supports the need to ensure that our GP Practices have an ability and infrastructure to deliver these new ways of working.
74% of patients said that they would not be happy to travel to another practice for their appointments. This reflects the rurality of Shropshire and the distance between practices in the more rural areas, and supports the need to explore different options for models to deliver extended access.

**Professional Viewpoint – GP and Practice Managers Survey**

As well as gaining the views of patients and the public, the CCG also sought the views of local GPs and Practice Managers. An online survey was carried out in February 2017 and 60 responses were received.

**Survey results - key challenges faced in Primary Care**

The results of the survey highlighted some consistent responses, with the following being the most frequently raised challenges facing local General Practice:

- Managing patient expectations and lack of time to spend with individual patients
- Deficiencies in communication regarding the many policy changes cascaded from the Department of Health and NHS England
- Lack of funds for the development of Primary Care
- Managing additional work being moved from Secondary Care into Primary Care especially for the more complex care patients
- Liaison with secondary care and community services
- Recruitment and retention is becoming more challenging
- Too much bureaucracy and reporting in the system
- Reduction in revenue streams
- Increasing patient numbers with complex needs

The Survey also covered areas such as methods of contact with patients, flexibility of services in the area and use of technology for improving patient access:

- Several GPs and Managers indicated they were willing to use Face to Face or Telephone to have a consultation with their patients, however 33% of respondents said they would be happy to use face to face electronic methods (such as SKYPE or WebGP or eConsult type services) and others indicated the use of SMS/Text (55%) and email (43%).
• 62% of the GPs indicated they would be happy for patients to travel to other locations for enhanced Primary Care services and 96% indicated they would be happy for their patients to be seen elsewhere for other Outreach and urgent appropriate services.

• With direct reference to patient access, all Practices offered a range of same day urgent care appointments as well as pre-bookable appointments, however the delivery is not consistent across Practices.

• Where patients can book same day urgent care appointments, most surgeries (65%) triage requests for these urgent appointments. 32% were using GPs to triage.

• 81% of surgeries indicated that they did not offer walk in appointments as it was difficult to manage the unplanned demand.

• Most surgeries (80%) still offer Face to Face advice for minor illness. However, there is an indication of a willingness to move to offering advice online (75%). Almost half of respondents indicated that they already use the Voluntary/Charitable Sector to help signpost patients to appropriate services.

10) (*) How does your practice signpost patients to enable them to self-manage minor illnesses?

- Face to Face: 79.65%
- Leaflets on comm...: 81.36%
- Online Advice: 42.37%
- Voluntary Organisations: 8.47%
- Explanatory Vide...: 42.37%
- Signposting by Recepti...: 82.00%
- Other - Please gi...: 12.66%

• GPs have indicated that they would be happy to strengthen their workforce with other professionals including Pharmacists, Social Workers, Voluntary Sector, Physiotherapists, Advanced MSK Practitioners and a range of more specialist nurses.

• It was universally indicated that all Practices that responded would be open to working with other practices in various ways, with the majority suggesting sharing of clinical staff and management functions.
Patient, Professional & Public Engagement – Key Messages

- The overriding similarities between the patient and professional survey results have been identified as the need to improve the use of technology and access to information to manage patient care.
- Patients indicated that they are happy to consult with a variety of Healthcare Professionals at their practices. This included Pharmacists, Physiotherapists and Physician’s Associates. There is also a willingness from Practices to explore diversification of the workforce.
- Most patients surveyed found no problem getting an appointment with their GP Practice.
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices.
- Practices said that they are keen to work with their colleagues to manage the threats to Primary Care and to provide a sustainable service to their patients.
- 30% of Practices stated that their Practice Organisation is in a vulnerable condition.
Section 6 - Summary of Priorities

The purpose of this document was to understand the need in Primary Care from a Patient, Commissioning and Provider perspective.

Taking into consideration the key messages from each section of this assessment, the priorities for 2017/18 should be to:

- Develop locality profiles to inform the commissioning requirements for the local populations. These profiles need to clearly set out the health needs for local populations, highlighting any variation across each patch. This will help identify whether the primary care services currently being provided are being delivered in the most appropriate way to meet local need and whether they are addressing identified clinical priorities; this will also help to inform locality, cluster and ‘at scale’ working, in line with new models of care; and will inform future primary care commissioning decisions.

- Promote patient activation and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own conditions safely. This should involve increased access to information online and improving links across the local health and social care system, including the local authority work around resilient communities and healthy lives.

- Support and develop more integrated working, which will support the development of new models of care and provide opportunity for shared workforce and resources. This will subsequently support the aim of reducing workload on practices through improved understanding and navigation of the wider system, and improved patient outcomes and satisfaction.

- Continue to support Practices to develop their Patient Participation Groups to build on this Needs Assessment, and continue to undertake wider patient surveys to determine experiences and needs. This will enable a shared understanding of their local practice population needs and build relationships to ensure the sustainability of Primary Care for the future.

- Support delivery of the GP Forward View around a new model for Primary Care 8am – 8pm 7 days a week. Develop a formal plan to deliver this model, ensuring that equitable access is available and visible for both routine and urgent care in GP Practices.

- Support delivery of the GP Forward View by commissioning high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access. Identify the services required for the future model of care and the supporting technologies required. Supervision, peer review and audit processes to be clear to enable reduction of unwarranted variances.

- Ensure there is planning and resource available to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions.

- Develop long term infrastructure plans including workforce, technology and estate.

- Promote and develop a culture of continuous improvement and shared learning. To introduce a formal mechanism for the sharing of CQC rated ‘outstanding’ practice.
• Minimise unnecessary administrative pressures on practices. Ensure a robust reporting framework to the Primary Care Commissioning Committee on delivery of this Needs Assessment.

• Develop a communications strategy for Primary Care.